

PRINTED: 11/13/2015
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/09/2015
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKHAVEN MANOR

2035 STONEBROOK PLACE
KINGSPORT, TN 37660

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 853 SS=D	1200-8-8-.08 (23) Building Standards (23) Prior to final inspection, a CD Rom disc, in TIF or PDF format, of the final approved plans including all shop drawings, sprinkler, calculations, hood and duct, addenda, specifications, etc., shall be submitted to the department. This Rule is not met as evidenced by: Based on observation, the facility failed to have an operable exhaust in dirty rooms. The findings include: Observation with the maintenance director, on 11/9/15 at 2:25 PM revealed soiled utility room at 100/200 hallway does not have a functioning exhaust system. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 11/9/15.	N 853	IV. Housekeeping will audit weekly x4 weeks all resident doors to ensure combustible items have received proper fire retardant treatment. Results of audit will be reported to QA/life safety. K130 As of Monday 11/30/15 the 3 hour fire doors in the common area and by the MDS office will have hinges adjusted to ensure compliance with the NFPA 80, 2-3.1.7 regulation of 1/8 inch gap.	12/14/15
N1410	1200-8-6-.14(2)(a)5.(II) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document	N1410	II. All residents, staff, and visitors have the potential to be affected by this deficient practice. NO adverse effects noted. III. Fire doors will be inspected monthly by maintenance. IV. Results of monthly inspections will be brought to the monthly QA/life safety committee.	

(X6) DATE

Continuation sheet 1 of 3

Division of Health Care Facilities
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

PRINTED: 11/13/2015
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 11/09/2015
---	---	---	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKHAVEN MANOR

2035 STONEBROOK PLACE
KINGSPORT, TN 37660

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1410	Continued From page 1 and evaluate these drills must be maintained for at least three (3) years. (II) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (I) Staff duties by department and job assignment; and, (II) Evacuation procedures. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to exercise an earthquake drill annually. The findings include: Record review and interview with the maintenance director, on 11/8/15 at 9:30 AM revealed the facility failed to perform an earthquake drill in the past year. The last earthquake drill was exercised during July 2014. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 11/8/15.	N1410	K147 I. Items blocking electrical panels in mechanicals rooms on 300 and 400 hallways were removed on 11/12/15. Oxygen concentrators were unplugged from power strips and plugged into red emergency receptacles in rooms 411 and 315 on 11/10/15. II. All residents with medical equipment are potentially affected with this practice. No adverse effects have occurred. III. Inservicing of all staff on the proper use of power strips on 11/27/15. IV. Housekeeping will audit weekly x4 weeks to ensure clearance is maintained in front of electrical equipment and that no medical equipment is plugged into power strips. Results of audits will be brought to monthly QA/life safety committee.	12/14/15
N1411	1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and	N1411	N853 I. Exhausted system in soiled utility room at 100/200 hallway was made operable on 11/17/15. II. All staff is potentially at risk for this deficient practice. No adverse effects noted. III. Monthly maintenance schedule to include ventilation systems. IV. Maintenance director to bring to QA/life safety status update on exhaust systems.	12/14/15

Division of Health Care Facilities
STATE FORM

6096

2LH121

If continuation sheet 2 of 3

PRINTED: 11/13/2015
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 11/09/2015
NAME OF PROVIDER OR SUPPLIER BROOKHAVEN MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 2035 STONEBROOK PLACE KINGSPORT, TN 37660			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N1411	Continued From page 2 community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (iii) Bomb-Threat Procedures Plan, to be exercised at any time during the year. (i) Staff duties by department and job assignment; and, (ii) Search team, searching the premises. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to exercise a bomb threat drill annually. The findings include: Record review and interview with the maintenance director, on 11/9/15 at 9:30 AM revealed the facility failed to perform a bomb threat drill in the past year. The last bomb threat drill was exercised during August 2014. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 11/9/15.	N1411	N1410 I. Earthquake drill completed on 11/30/15. II. All staff, residents, and visitors have potential to be affected by this deficient practice. No adverse effects have occurred. III. Maintenance director will maintain records and conduct annual schedule of required disaster preparedness drills. Records will be maintained for three years. IV. Maintenance director will bring results of required drills to monthly QA/life safety committee. N1411 I. Bomb drill to be completed on 12/2/15. II. All staff, residents, and visitors have potential to be affected by this deficient practice. No adverse effects have occurred. III. Maintenance director will maintain records and conduct annual schedule of required disaster preparedness drills. Records will be maintained for three years. IV. Maintenance director will bring results of required drills to monthly QA/life safety committee.	12/14/15 12/14/15	